

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Kennewick		STREET ADDRESS, CITY, STATE, ZIP CODE  1508 West Seventh Avenue Kennewick, WA 99336	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</b></p> <p>Based on observation, interview and record review the facility failed to ensure standard infection control interventions intended to mitigate the risk for transmission of COVID-19 [an infectious disease causing respiratory illness with symptoms including cough, fever, new or worsening malaise (a general feeling of discomfort/uneasiness), headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death] for 3 of 4 staff (Staff D, E, and F) reviewed for personal protective equipment [(PPE) clothing and devices that protect workers from exposure to injury or infection]. Additionally, the facility failed to ensure COVID-19 testing was completed every three days as directed by the Local Health Jurisdiction for 3 of 5 residents (Resident 1, 2, and 3) reviewed for COVID-19 testing. These failures placed the residents at risk for transmission of communicable diseases, illness, and death.</p> <p>Findings included .</p> <p>Review of the Centers for Disease Control and Prevention guidance titled, Appendix A: Figure. Example of Safe Donning and Removal of Personal Protective Equipment, dated 11/27/2023, showed the sequence for removing PPE included using a gloved hand, grasp the palm of the other gloved hand and peel of the first glove. Slide fingers of the ungloved hand under the remaining glove and peel off the second glove over the first glove. Discard both gloves into a waste container. Remove goggles or face shield from the back by lifting the band or earpieces. Discard in a waste container. Unfasten gown ties and pull the gown away from the neck and shoulders, touching inside of the gown only. Turn the gown inside out and roll, place into a waste container. The front of the mask/respirator is contaminated, DO NOT TOUCH! Grasp the bottom ties or elastics of the mask/respirator, then the ones at the top and remove without touching the front. Discard in a waste container. Alternatively, grasp the gown in the front and pull away from the body, fold or roll the gown inside out into a bundle. As you remove the gown, peel off the gloves and gown with bare hands and place into a waste container. Then remove the goggles/face shield, then the mask/respirator. Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.</p> <p>&lt;PPE&gt;</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Kennewick		STREET ADDRESS, CITY, STATE, ZIP CODE  1508 West Seventh Avenue Kennewick, WA 99336	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 03/06/2025 at 12:06 PM, Staff D, Nursing Assistant (NA), was observed removing their PPE at the entrance to a COVID-19 positive residents' room. Staff D removed their eye protection by grasping the side of the goggles and disposed of them in the waste container. They removed their gloves and disposed of them. Staff D tore the elastic straps on the left side of their N95 mask (a respiratory protective device designed to create a very close facial fit and efficient filtration of airborne particles) and grasped the front of the N95 mask with their bare hand. Staff D disposed of the N95 mask in the waste container, then with bare hands, they grasped the front of their gown, pulled it off, rolled it into a ball and disposed of it. Staff D stated they did not remove their PPE correctly; they were not trained to break the elastics on the N95 mask and stated, I should not have done that.</p> <p>During a concurrent observation and interview on 03/06/2025 at 12:09 PM, Staff E, NA, was observed removing their PPE at the entrance to a COVID-19 positive residents' room. Staff E removed their gown and gloves according to guidelines, then, with bare hands, grasped the front of their goggles and N95 mask and pulled them off at the same time. Staff E stated there was no specific order for removing PPE. Staff E stated they should not have removed their goggles and N95 mask at the same time but it was quicker than to do one at a time.</p> <p>During an observation on 03/06/2025 at 2:05 PM, Staff F, Licensed Practical Nurse, was standing at a medication cart at the intersection of the 200 and 300 halls, wearing a blue surgical mask. There were four staff members and one resident in the area. Staff F, with bare hands, pulled down the front of their mask and tucked it under their chin. Staff F opened a package of food, took a bite, and placed the food on the medication cart. Staff F pulled their face mask back into place and continued to work at the medication cart.</p> <p>During an interview on 03/06/2025 at 2:14 PM, Staff F stated they did not normally have to eat their food at the medication cart and should not have. They stated they should not have removed their mask in the hallway.</p> <p>During an interview on 03/06/2025 at 1:46 PM, Staff C, Infection Preventionist (IP), stated the process for removing PPE included peeling the gown and gloves off without touching the outside of the gown, and disposing of them into the trash. They stated staff should then remove their goggles, followed by their N95 mask, by removing the top elastic strap first, then the bottom strap. Staff C stated they were aware that staff preferred to rip off the straps but tearing off the straps is not encouraged. Staff C stated it was their expectation that staff did not tear the straps off their N95s.</p> <p>During an interview on 03/06/2025 at 2:11 PM, Staff B, Director of Nursing Services (DNS), stated they had instructed management staff to correct improper use of PPE immediately. They stated they were not aware that staff were tearing off the elastic straps on the N95 masks.</p> <p>&lt;Testing&gt;</p> <p>&lt;Resident 1&gt;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Kennewick		STREET ADDRESS, CITY, STATE, ZIP CODE  1508 West Seventh Avenue Kennewick, WA 99336	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors), multiple rib fractures, and muscle weakness. The 03/25/2025 comprehensive assessment showed Resident 1 required moderate assistance of one staff member for activities of daily living (ADLs), was dependent on one to two staff members for transfers and was cognitively intact.</p> <p>Review of the medical record showed Resident 1 had not received COVID-19 testing from 02/25/2025 until 03/03/2025 (six days), at which time they developed symptoms of COVID-19 and had a positive test result.</p> <p>&lt;Resident 2&gt;</p> <p>Review of the medical record showed Resident 2 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), respiratory failure, and heart failure. The 02/28/2025 comprehensive assessment showed Resident 2 required partial/moderate assistance of one staff member for ADLs. The assessment also showed Resident 2 was cognitively intact.</p> <p>Review of the medical record showed Resident 1 had not received COVID-19 testing from 02/25/2025 until 03/03/2025 (six days) and had tested positive on 03/03/2025.</p> <p>&lt;Resident 3&gt;</p> <p>Review of the medical record showed Resident 3 was admitted to the facility with diagnoses including arthropathy (a disease or condition affecting the joints that causes pain, stiffness, and decreased mobility), dehydration, and depression. The 12/12/2024 comprehensive assessment showed Resident 3 required supervision/partial assistance of one staff member for ADLs. The assessment also showed Resident 3 was cognitively intact.</p> <p>Review of the medical record showed Resident 3 did not receive COVID-19 testing until 02/17/2025, five days after the initial COVID-19 outbreak was identified. Additional review of the record showed Resident 3 received COVID-19 testing on 02/19/2025, 02/21/2025, 02/25/2025 (four days after previous testing), 02/27/2025, and 03/04/2025 (five days after previous testing).</p> <p>During an interview on 03/06/2025 at 10:20 AM, Staff C, IP, stated they were currently testing all residents every three days as directed by the Local Health Jurisdiction [(LHJ)a public health agency that serves a specific area such as a county or city]. During a follow-up interview at 1:46 PM, Staff C stated their first positive case during the current outbreak was a staff member that tested positive on 02/12/2025. They stated they did contact tracing (a process of identifying, assessing, and managing people that have been exposed to a disease to prevent additional transmission) and were only testing those residents that had close contact with the COVID-19 positive staff member. Staff C stated they did two rounds of testing (02/12/2025 and 02/14/2025) that included only those residents that had close contact with the positive staff member and had identified five COVID-19 positive residents (on 02/12/2025). They stated on 02/17/2025 they started facility wide testing because they were identifying additional new cases of COVID-19 amongst both residents and staff. Staff C stated they did not test the new admissions to the facility because they were not part of the original outbreak.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Kennewick		STREET ADDRESS, CITY, STATE, ZIP CODE  1508 West Seventh Avenue Kennewick, WA 99336	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/06/2025 at 2:11 PM, Staff B, DNS, stated the process for COVID-19 testing included reaching out to the LHJ for recommendations during the outbreak. Staff B stated they were advised by the LHJ to perform testing every three days during the outbreak. They stated there was some confusion on the COVID-19 testing policies and had realized the new admissions to the facility were not being tested along with the facility wide testing as recommended. Staff B stated they provided education to the nursing staff on 02/28/2025, however Staff C, who was responsible for resident testing, did not receive the education until 03/04/2025. Staff B stated the process for COVID-19 testing was not followed.</p> <p>Reference: WAC 388-97-1320(1)(a)(2)</p>